

Enhancing participation in Immunization Information Systems: Recommendations to NVAC

Alan R. Hinman, MD, MPH

September 16, 2008

Background

- **NVAC 2007 progress report on Immunization Information Systems (IIS) contained 3 recommendations for NVPO/NVAC to work with stakeholders**
- **Meeting planned by group including**
 - **NVPO**
 - **CDC**
 - **ECBT**
 - **ONC**
 - **NVAC**
 - **AIRA**
 - **AIM**

Objectives of the meeting

February 7-8, 2008

- **Deliberate the pros and cons of legislative and other approaches to increase provider participation in an IIS**
- **Deliberate the pros and cons of provider performance incentives based on the completeness of immunization data available in an IIS**
- **Develop a statement noting the value of IIS and urging financial support for IIS**

Meeting format

- **63 participants**
- **Individual and panel presentations**
- **Discussion groups**
 - **Regulatory approaches**
 - **Provider incentives**
 - **Financial support for IIS**

Conclusions & Recommendations

Regulatory/policy approaches

- **IIS participation is a public health imperative. All people and all providers should participate**
- **Immunizations should be reportable events across the lifespan. Records should be stored in perpetuity**
- **Access to IIS information should be available to community partners. To support interstate data sharing**
 - **Explore feasibility of NAPHSIS approach or federal legislation**
 - **State-specific legislation**

Conclusions & Recommendations

Regulatory/policy approaches

- **IIS should be interoperable with EHR (Electronic Health Records)**
- **FERPA (Family Educational Rights and Privacy Act) should be reinterpreted to remove barriers to sharing information between schools and IIS**

Conclusions & Recommendations

Provider incentives – 1

- **Monetary**
 - **Periodic reward for achievement**
 - **Ongoing reimbursement that covers cost of participation**
 - **Work with CMS to increase Medicaid reimbursement**

Conclusions & Recommendations

Provider incentives – 2

- **Workflow efficiency/decision support**
 - **Provide technical support to integrate IIS into office work patterns**
 - **Use IIS forecasting to replace looking up complicated schedules**
 - **Use IIS for vaccine inventory management**
 - **Integrate IIS with other preventive HIS**
 - **Allow bi-directional sharing of data between schools and others**

Conclusions & Recommendations

Provider incentives - 3

- **Education**
 - **Quality improvement**
 - **Feedback to physicians to demonstrate value of IIS participation**
 - **Develop continuing education materials on use of IIS**
 - **Incorporate IIS topics in certification and re-certification processes**

Conclusions & Recommendations

Provider incentives - 4

- **Technology**
 - **Provide real-time exchange of information with medical providers**
 - **Assure IIS allow bulk data import and return data to medical providers using HL7 format by 2010**
 - **Promote common standards usage with HL7 format**

Conclusions & Recommendations

Financial support

- **Dedicated sustainable permanent federal funding source for IIS is essential. Currently VFC and 317 are available**
- **VFC and 317 should be increased**
- **Other federal programs that relate to IIS (e.g., WIC, pandemic influenza, biopreparedness) should encourage use of their funds to support IIS infrastructure**
- **Other potential sources**
 - **Federal HIT initiatives**
 - **New per-dose excise tax on vaccines**

Next steps

- **NVAC discussion of findings, conclusions, and recommendations – June 2008**
- **NVAC endorsement and recommendation to ASH – September 2008**
- **NVPO/CDC prepare implementation plan**